



FINANCIAL AID OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2055 | 1-800-264-1094 | Fax: (501) 977-2123 | www.uaccm.edu

# STUDENT REFUND DIRECT DEPOSIT FORM

By signing the form below, you are authorizing UACCM to directly deposit your **Student Refunds** into the account listed below. UACCM will only make direct deposits into the listed account for a maximum of 3 years. Please note that a new form must be completed every 3 years or upon closing of the current account to maintain student refund direct deposits.

Print Full Name: \_\_\_\_\_ Student ID No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_  Savings  Checking

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE ATTACH ONE OF THE FOLLOWING:  
  
VOIDED CHECK  
OR  
BANK DOCUMENT  
  
Supporting document must include student name, account number, and routing number  
(Student name has to be on account for direct deposit)

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**Please return completed form to the Business Office or Student Accounts window.**  
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OFFICIAL USE ONLY

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Verified By: \_\_\_\_\_

Student ID: \_\_\_\_\_